

**INSURANCE SURPLUS LINES  
LICENSE APPLICATION**

Ref: Chapter 618, ss. 628.04 (2), 601.72,  
and 601.73, Wis. Stat.  
Section 466 (a) [42 U.S.C. 666(a)]



State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
Web Address: [oci.wi.gov/agentlic.htm](http://oci.wi.gov/agentlic.htm)

**INSTRUCTIONS:** Print or type all required information into blocks indicated. Remit fee of \$100.00 to the above address with this form. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies. Candidates must hold a current Wisconsin resident or nonresident intermediary license.

**THE FEE REPRESENTS AN ADMINISTRATIVE EXPENSE AND IS THEREFORE NOT REFUNDABLE.**

Last Name and Suffix (Sr., Jr.)		First Name		Middle Name or Initial
Wisconsin Insurance License Number	Birthdate (Mo./Day/Yr.) (mandatory)	Social Security Number (mandatory)	Application (check only one)  Resident <input type="checkbox"/> Nonresident <input type="checkbox"/>	
Line of Authority Check line(s) of authority for which you are licensed:		Life <input type="checkbox"/>	Accident & Health <input type="checkbox"/>	Property <input type="checkbox"/> Casualty <input type="checkbox"/>
Residence Address (number, street, apartment number)				
City		State	Zip Code	
Business Name or Company Name				
Business Address (number, street, apartment number)				
City		State	Zip Code	
Residence Telephone	Business Telephone	E-mail Address		

Check the appropriate box. If you answer "Yes" to any of the questions, it will be necessary for you to attach copies of the documentation listed to your application. Failure to attach the documentation will delay the issuance of your license and may result in the denial of your license. Applications are reviewed on an individual basis after they are received by OCI, and decisions cannot be made prior to receipt of the complete application by OCI.

- Have you ever been convicted of, or are you currently charged with, committing a crime, as defined, whether or not adjudication was withheld? "Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine. If you answer Yes, you must attach to this application:
 

Yes No

  - a written statement explaining the circumstances of each incident,
  - a copy of the charging document,
  - a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
  - a written explanation of why we should license you given this problem.
- Have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee. If you answer Yes, you must attach to this application:
 

Yes No

  - a written statement identifying the type of license and explaining the circumstances of each incident,
  - a copy of the Notice of Hearing or other document that states the charges and allegations,
  - a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
  - a written explanation of why we should license you given this problem.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. If you answer Yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy. Yes No
4. Have you been notified by any jurisdiction to which you are applying for any delinquent tax obligation that is not the subject of a repayment agreement? If you answer Yes, identify the jurisdiction(s): Yes No
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer Yes, you must attach to this application: Yes No
- a) a written statement, summarizing the details of each incident,  
b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration,  
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and  
d) a written explanation of why we should license you given this problem.
6. Have you or any business in which you are or were an owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer Yes, you must attach to this application: Yes No
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and  
b) copies of all relevant documents.
7. Do you have a child-support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child-support related subpoena/warrant? Yes No
- If you answer Yes, by how many months are you in arrearage? Months

Sex (for statistical purposes only)		Ethnic Descent (for statistical purposes only)					
Male	Female	Black	Hispanic	Asian or Pacific Islander	American Indian or Native Alaskan	White	Other
Identify licenses currently held to solicit insurance, real estate, or securities and the states:							
<b>CERTIFICATION</b>							
The Applicant must read the following very carefully:							
1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.							
2. Where required by law, I hereby designate the Commissioner for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the commissioner is of the same legal force and validity as personal service upon myself.							
3. I further certify that I grant permission to the Commissioner for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.							
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child-support obligation arrearage on this application.							
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.							
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.							
7. For Nonresident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the nonresident state.							
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners (NAIC) as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.							
Signature of Applicant						Date	